

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-family: monospace;">10743902</div>		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
		Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep		6											
Total Depend		15											
Total Claims		21											
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Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	16					
Total Depend	15					
Total Claims	31					

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